

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F14988 (2)**

1. Corporation Name

**KAMPER INCORPORATED RESIDENTIAL BUILDERS**

Principal Place of Business

**6687 NW 66 AVENUE  
PARKLAND FL 33067**

Mailing Address

**6687 NW 66 AVENUE  
PARKLAND FL 33067**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**01/15/1981**

3a. Date of Last Report

**03/25/1994**

4. FEI Number

**59-2062824**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 **6332 NW 77 TERR**

26 **6332 NW 77 TERR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **PARKLAND FL**

28 **PARKLAND FL**

Zip

Country

Zip

Country

24 **33067**

25 **U.S.**

29 **33067**

30 **U.S.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAMPER, DENNIS P.  
6687 N.W. 66TH AVENUE  
PARKLAND FL 33067**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**6332 NW 77 TERR**

83

84 City

**PARKLAND**

**FL**

85 Zip Code

**33067**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**P**

NAME

**KAMPER, DENNIS P.**

STREET ADDRESS

**6687 N.W. 66 AVENUE**

CITY - ST - ZIP

**PARKLAND FL**

11 TITLE

☒ Change

☐ Addition

12 NAME

13 STREET ADDRESS

**6332 NW 77 TERR**

14 CITY - ST - ZIP

**PARKLAND, FL 33067**

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**DENNIS P. KAMPER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/95**  
Date

**785-9429**  
Telephone Number